

A Dissertation
 on
 Chorea sancti Viti or Saint Vitus' Dance
 An inaugural thesis
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 Doctor of Medicine
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 by
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The value of a degree, conferred by a school
whose reputation has passed beyond the bounds
of our own land, can only be fully appreciated
by one, who, through imperious circumstances has
entered upon the practice of Medicine without
that honour. To have accomplished those
studies, of which such a degree is the crown
is a ground of confidence to all those whose
healths and lives are placed in the hands of
a graduate of the Medical School of Philadel-
phia; and no less so would that degree be,
which its Professors should see fit to confer
on him, who, by an examination, should
approve himself worthy of receiving it.
It is not surprising then that I should be
anxiously solicitous to procure an honour
which prized every where, is more especially
coveted by him whose practice is in a new
country, the necessary situation of which
enables empiricism to hold its headship.
But while I am animated by these inducements

to press forward to attain this desirable object, I must at the same time confess there are considerations, which not a little damp my ardour. In cities he who is bent upon the improvement of himself in any branch of knowledge has within his reach so many sources of instruction, and so adapted to all his wants, that application and success are not far asunder. He sits at the feet of the living, and the dead speak to him through their works, collected in libraries. Whatever difficulties may arise, it would be strange indeed, if amidst the congregated intellect, and heaped up means of information, which surround him, he should long remain with doubts unresolved and views obscured. - The reverse of all this is the picture of him, who with the same bent of mind, finds himself fixed in a remote part of the country. A few books, perhaps not standard ones, are the springs, whence he must imbibe his learning.

and a disheartening mediocrity of information and talent surround him. He sees none wiser than himself, none who can give him a clue to guide him through the labyrinth in which he is implicated. However true these remarks may be in general, they are more deeply felt to be so, by the student and even by the practitioner of Medicine. And although I do not pretend that I have experienced the full weight of these evils yet a residence of four years in Mississippi has served to convince me of their reality. To complain that the large portion of my time was abstracted from study in discharging the duties of my profession, will appear natural to those who find how much a city practice breaks their time into pieces, and will meet with the full sympathy of those, who, even in the well peopled country of the Atlantic

States, find so little of their time their own. It is thus that conflicting emotions occupy my bosom. On the one hand animated by the honour and importance of obtaining a degree from this faculty and on the other, chilled by the reflection that for so long a time, I have been debarred of so many of those advantages, the enjoyment of which would naturally give confidence to the applicant.

But while I would respectfully urge the former upon your attention, to ward off from me the imputation of presumption, I would also plead the latter, as a reason for indulgence, kind though at the same time just.

The disease I have selected as the subject of my thesis is *Rhorea Saccti Viti* or the dance of St. Vitus.

This disease is attended with convulsive

motions, which most generally commence in
 the leg or foot, and affecting chiefly the mem-
 bers of one side only. It occurs from infancy
 to puberty, and seldom at a later period.
 Though cases of it have been known in per-
 sons advanced in years, and affects prin-
 cipally those of a weak constitution, or who
 have become debilitated by scanty or improper
 nourishment. It is arranged by Cullen in
 the Clasp Neuroses, order Spasmi, and genus
 Convulsiv. The associated action of the
 muscles, appears in this disease to be destroyed,
 and those whose simultaneous action is ne-
 cessary to produce particular motions, do
 not contract together, and others whose
 action is opposite, and which ought to remain
 quiescent, are thrown into action at the
 same time. Motions are thus occasioned not intended
 by the patient, and are performed in an
 interrupted or convulsive manner. The

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muscles are also frequently agitated with convulsive motions when the limbs are at rest, and no voluntary motion is attempted. A slight degree of idiocy often attends this affection, and the patient with sometimes ^{suffer} under the causeless fears and emotions that accompany hysteria.

The attacks of Chorea are frequently preceded by coldness of the feet and limbs or a sensation of an aura, which often amounts to a feeling of formication, ascending the limbs and spine. Flatulence, swelling of the hypochondria, and obstinate costiveness are also precursory symptoms. In many instances the accession of the fit, is accompanied with anxiety about the heart, nausea, palpitations, difficulty of swallowing, tinnitus aurium, giddiness and pains in the head and teeth.

The disease first announces its approach by a kind of lameness or instability of one of the legs, which the patient draws after him, not being able

to move it with his accustomed facility.

The left leg is said to be the most frequently affected. At the same time the arm of the same side becomes affected as the limb that is convulsed, and cannot be kept in a quiet position. These movements at first slow, acquire great mobility and the patient is in almost constant motion. Both sides are sometimes, yet rarely affected at once, except in the most aggravated cases. The muscles of the face also become affected with convulsive motions, producing numerous contortions of the countenance and singular grimaces. Chorea, as thus described, presents many points of resemblance to other diseases, particularly Paralysis, Convulsions, and general debility. Some Physicians have confounded it with the first of these affections. But the patient can exert volition at times, the different muscles of his body

which shows, that it is not paralytic; and by lying in bed, the disordered motions generally cease, and thus prove it not to be convulsive.

This disease first began to be known towards the end of the sixteenth century. Some writers however, have pretended that it was described by Galen and defined under the name of *Colotyrbe*. Sauvages was somewhat in favour of that opinion that he adopted that name, and it is retained by Cullen in his *Nosology*. There is however little ground to believe that the affection described by Galen, was similar to Chorea. Felix Plater and Linnaeus, are the first, who make precise mention of this complaint, but it is to Sydenham, we are indebted for the first detailed accurate description of Chorea.

Since the publication of his treatise, it has been described by Weyt, Cheyne, Cullen and others. On the continent of Europe it appears

to have attracted but little attention, and was so entirely unknown, that Licentiate Physician to Louis XV, positively denied its existence. Of late years many dissertations have, however been published respecting it, both in Germany and France.

The name of St Vitus dance, was given to the affection, from the circumstance, that in Germany, when it first appeared, those who were attacked with it, made annual pilgrimages to the Chapel of St Vitus, near the city of Ulm, where they danced day and night, to be healed of this disorder. Chorea, the Greek word for dance, has since been substituted for the vulgar denomination.

The causes that give rise to this distressing and unpleasant disease, are various, but from the train of symptoms, they would all appear to act by occasioning nervous irritation. may, therefore, be doubted, whether it is ever

to be considered as a purely idiopathic affection as some writers, especially Dr Bouteille, a French author contend, but that it is in all cases, symptomatic of some other disorder and the result of associated irritations.

The most usual predisposing cause is the constitutional change that occurs at the age of puberty, in subjects of a weak and delicate habit, either acquired or inherited from parents who were afflicted with frequent nervous affections.

It is usually brought on by various irritations as the worms, worms, acrid matter in the bowels, poisons, &c. It proceeds also from violent affections of the mind as, fright, terror, anger profound grief, inflammation and injuries of the genital organs. It is also consequent upon various other diseases, as apoplexy, lethargy, blows on the head, eruptive fevers, gastric irritation, gout, suppression of diseases of the skin, and the sudden drying up of old

sones. When the disease occurs in children, it usually disappears at the age of puberty, in adults will be removed by a change in the mode of living. It is seldom attended with danger unless its attacks are very violent or it induces some other disease as epilepsy or wasting of the system in consequence of unabated irritation.

The treatment recommended for the cure of Chorea has been of different and of opposite character. Some have trusted solely to tonics and antispasmodics, while others have relied on general and extensive depletion. Both plans are in their places proper, and are to be employed according to the state of the system, and the symptoms present, and the obvious causes of the disease. If the system be plethoric and there be any indication of cephalic congestion, or injuries have been received upon the head, bleeding both general and local ought to be procured.

with blisters to the back of the neck.

This disease depending as it so frequently does on irritation of the stomach or bowels, is in most cases to be treated by freeing them of their contents. I have found the most beneficial results in several cases from the exhibition of emetics, evacuating the ~~bowels~~ stomach and producing a strong impression on it, and afterwards administering Cathartic medicines. Drastic purges should be employed at the commencement of the treatment if the disease has been of some continuance, so as to procure a complete evacuation of the feces, that are often found to be highly indurated and extremely fetid. When the bowels have been completely evacuated, gentler purgatives should be continued to be exhibited, and which should also be performed in the first stages of the disease.

Doctor Hamilton in his very valuable Observations on the ~~use~~ of purgative medicines, has strongly recommended their use in

Chorea, from which he informs us, that he derived the most happy effects in severe cases, that refused to yield to the treatment more usual at that time.

In some cases that came under my care, I adopted the plan he has recommended, and can bear a most willing testimony to its efficacy.

When Chorea has been induced by the suppression of cutaneous diseases, or the drying up of old sores, they ought to be re-established again, when, it will generally at once disappear. Many remedies have been proposed by different writers for the cure of this disease. Haller and Murray give favorable accounts of Belladonna and stramonium. Opium & its preparations have been employed in most cases of Chorea either as a curative means or auxilliary powers. Tonics and antispasmodics are the medicines that have been most highly recommended, as Bark, Cascara, nuxetia, &c.

Camphor and asafoetida, all of which have been extolled by different authors.

When the disease appears to be owing to a weak and irritable habit, and not connected with any species of irritation, either from worms, teething or acrid matter in the bowels, which however, I believe very rarely happens, these medicines may prove useful independent of evacuations.

After the disease has yielded to the operation of cathartic medicines, tonics especially the mineral, may be resorted to with advantage for the restoration of the tone of the stomach and intestines, and to guard against a relapse.

